

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015246

FILED  
Jul 14, 2005  
Secretary of State

**Entity Name:** BLUE STAR ENTERTAINMENT, LLC

**Current Principal Place of Business:**

11451 NW 39TH PLACE  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

11110 W. OAKLAND PARK BLVD  
339  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 65-1137176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLAMM, HOWARD S  
817 S.W. 7TH AVE  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHASE, STEVEN  
Address: 11451 N.W. 39TH PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: MGRM ( ) Delete  
Name: FLAMM, HOWARD  
Address: 817 S.W. 7TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HOWARD FLAMM

CEO

07/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date